FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION SANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600072428 1. Corporation Name

PROVIDENT MORTGAGE, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90013 001 ***150.00



Principal Place	e of Business	Mailing Address			1 IMBERGOD 140 INTIN ATTER ANDER ANDER	10141 1 1010 11011 01010	8861 1841 1881
1770 OKEECHO	DEE ON	1720 OKEECHOBEE RD					
1720 OKEECHOBEE RD FT PIERCE FL 39450		FT PIERCE FL 39450					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					08/30/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0690397		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate:of.Status:Desired	\$8.75_	
22		27			55.20618.0010.0100.0000	Fee Re	quired
City & Stat	ie .	City & State		6. Election Campaign Financing \$5.00 May Be			
23					Trust Fund Contribution Added to Fees		
Zip	Country	Zip Cour		itry	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	Yes	No
-	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registe	red Agent	
				81 Name			<i>,</i>
	BLES, NANCY		82 Street Add		Address (P.O. Box Number is Not Acceptable)		
	B LORRAINE CT		ì	00000			
FT P	MERCE FL 34982		Γ	83			
			\ -			85 Zip (- odo
				84 City		FL 85 Zip C	,000
11. Pursuant	to the provisions of Sections 607,050	2 and 607,1508, Florida Statute	s, the ab	ove-named o	corporation submits this statement for the purpor	se of changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au	thorized	by the corpo	ration's board of directors. I hereby accept the a	ippointment as re	jistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if analisable /NOTE:	Panistered (Agant Skripatura ra	quired when reinstating) DAT	(F	\
12.		ID DIRECTORS	13.	gara ogrado i	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PS	DELETE	1.1 TITL	E	DS	Change	☐ Addition
NAME	BIGGLES, NANCYANN		1.2 NA	uf (Bicass Dancyann		
STREET ADDRESS				REET ADORESS	OCA SE Hidden Biver	Dr.	
				Y-ST-ZIP	Bi GGIES, Vaneyann 154 SE Hidden River Port Saint Leice, A	34983	
CITY-ST-ZIP	FT PIERCE FL	DELETE	2.1 T/II		TOPP WIFT ZON WIFT	Change	Addition
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CITY-ST-ZIP	ļ _ _		_	EET ADDRESS			-
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NAME		DELETE	2.4 CIT	Y-ST-ZIP E		Change	Addition
		☐ DELETE	2, 4 CIT 3.1 TITL 3.2 NAM	Y-ST-ZIP LE WE		Change	Addition
STREET ADDRESS		☐ DELETE	2, 4 CIT 3.1 TITL 3.2 NAM	Y-ST-ZIP E		☐ Change	Addition
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		☐ DELETE	2.4 CTT 3.1 TTTL 3.2 NAM 3.3 STF	Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP		☐ Change	Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: